should not be discarded because of misapplications or nonspecificity. One must assess data in proper clinical context; a single anecdote does not "prove" a procedure valueless. Indeed, neuropsychological assessment in competent hands is about the most sensitive method available for assessment of higher brain function.

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2. Markovitz A: Evaluating chronic encephalopathy from organic solvents (Correspondence). West J Med 1986 Jan; 144:91-92

The Town-Meeting Mechanism

To THE EDITOR: I found Dr Ralph Crawshaw's article, " 'Society Must Decide'—Oregon Health Decisions: Biovaluation Beyond Bioethics," in the February issue[1] of much interest.

The recourse to the town-meeting mechanism, reminiscent of colonial New England meetings, seems a reasonable and most timely opportunity for citizens to become involved in decisions that affect them most seriously.

We are a participatory democracy, yet opportunities to participate today seem more and more limited. Aside from voting (which, shamefully, fewer than half our citizens do) and occasionally writing letters to our elected representatives (which even fewer do), we seem to have little to say as to how and where our tax dollars are spent.

Beyond this, such meetings might do much to create (restore?) a sense of community, which in our frenzied and self-centered society has largely disappeared.

I commend Dr Crawshaw and his group on their innovative approach. At the same time, using the biovaluation approach as a model, I believe that the scope should be broadened to include *all* public expenditures.

Ruth Leger Sivard has recently published her tenth anniversary edition of *World Military and Social Expenditures—1985.*[2] From this volume, I find material to pose some interesting questions to my town meeting:

(1) Do we approve of the expenditure, since World War II, of 3 to 4 trillion dollars for a nuclear arsenal that cannot be used?

(2) Are we to continue to spend $800 billion annually for military programs, when one person in four is hungry and one adult in three can neither read nor write?

(3) Do we approve of the ratios of one soldier for every 43 people in the world, but only one physician per 1,030 people?

(4) In the western world (United States and Europe), shall we continue to spend $45 per capita for military research but only $11 per capita for health research?

(5) Shall we continue to spend $590,000 per day to operate one aircraft carrier while, in that same day, 14,000 children die of hunger and hunger-related diseases in Africa alone?

(6) Should we continue to fund the Strategic Defense Initiative at an ultimate cost of over a trillion dollars, when the program has been evaluated as "fatally flawed" by so many eminent scientists and engineers?

I do believe that "society must decide" whether we continue in this absurd and insane arms race, which garners us no security, or whether we choose rather the rule of law to settle our differences. The public health implications are staggering. The town meeting could be an excellent forum for asking the right questions.

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2. Sivard RL: World Military and Social Expenditures—1985. Washington, DC, World Priorities

Erroneous Academic Identification

To THE EDITOR: On page 243 of the February 1986 issue, at the conclusion of "Clinical Ecology—A Critical Appraisal,"[1] is a list of persons who made presentations at an April 30, 1985, hearing. One of the presenters is identified as

WILLIAM REA, MD
Clinical Associate Professor
University of Texas Southwestern Medical School
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Dr Rea does not hold the title of Clinical Associate Professor at this medical school. I request that you print a correction to ensure that no reader is led to assume that he is affiliated with this institution.

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REFERENCE

1. California Medical Association Scientific Board Task Force on Clinical Ecology: Clinical ecology—A critical appraisal (Information). West J Med 1986 Feb; 144:239-245